

REFERENCE LETTER FOR LICENSEURE AS AN ADULT CARE HOME ADMINISTRATOR

The candidate for licensure as an adult care home administrator is required to submit two letters of reference: one from an adult care home administrator and one from another person not related to the candidate as define under "nepotism" in K.A.R. 28-38-29(h). Please use this form when submitting your reference. Mail directly to Health Occupation Credentialing, 612 S Kansas Ave, Topeka KS 66603. If you have questions, please contact Wendy Davis at wendy.davis@ks.gov or 785.296.0061.

Candidate's Name _____

Please consider the candidate's behavior in the following areas: good judgement, integrity, honesty, fairness, credibility, reliability, respect for others, respect for the laws of the state and nation, self-discipline, self-evaluation, initiative, and commitment to the profession of adult care home administration and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as an adult care home administrator?

Yes _____ No _____

If your answer is negative, explain in detail. Please relate your answer to the behavioral characteristics listed above.

If you desire, please add any comments of information which you believe will aid the Board of Adult Care Home Administrators in deciding to approve the candidate's application for licensure.

Are you a licensed adult care home administrator? _____

Are you related to the candidate as a family member or as a member of a household? _____

I attest that the information furnished above is given with the understanding that it will be utilized for purposes of determining the candidate's fitness for licensure as an adult care home administrator and is true and correct to the best of my knowledge and belief.

Date

Phone

Name (Please print)

Signature

Address

Email address (optional)